FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1   SHOANIZATION											
	(See instructions)					Office use only					
NAME OF COMMITTEE (in	full)	(Check if name is changed)		ple: If typying he lines	, type	12FE	4M5	1 1			
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ADDRESS (number and	street)	345 Grand, Suite 24	4 <b>00</b>					1 1			ш
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2. DATE M 4	M / D D /	Y Y O O 8									
3. FEC IDENTIFICA	ATION NUMBER	[	C C003	359034							
4. IS THIS STATEM	MENT N	IEW (N) OR	X	AMENDE	ED (A)						
I certify that I have exam	ined this Statement	and to the best of my kno	-	belief it is true	, correct an	d complet	e				
Type or Print Name of	Treasurer	Jean Paul Brads	haw								
Signature of Treasure	r Electronically	Filed by <b>Jean Paul</b>	Bradsha	aw		Date	<b>0</b> 4	/ D	<b>1 5</b>	Y Y 2	8 0°0
NOTE: Submission of fa		complete information ma	-		_				U.S.C. S	437g.	
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